

**STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908-5800**

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFERS**

FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

<p>TYPE OF TAX:    <input type="checkbox"/> ALCOHOLIC BEVERAGE IMPORT SERVICE FEE                   <input type="checkbox"/> BANK EXCISE                   <input type="checkbox"/> CIGARETTE STAMP TAX                   <input type="checkbox"/> CORPORATION TAX                   <input type="checkbox"/> GASOLINE TAX – MOTOR FUEL                   <input type="checkbox"/> HEALTH CARE – GROUP HOMES                   <input type="checkbox"/> HEALTH CARE – NURSING HOMES</p>	<p><input type="checkbox"/> HOTEL TAX <input type="checkbox"/> INSURANCE PREMIUMS TAX <input type="checkbox"/> LITTER – BEVERAGE CONTAINER <input type="checkbox"/> MEALS &amp; BEVERAGE TAX <input type="checkbox"/> PUBLIC SERVICE GROSS EARNINGS <input type="checkbox"/> SALES/USE TAX <input type="checkbox"/> UNIFORM OIL RESPONSE &amp; PREVENTION FEE <input type="checkbox"/> WITHHOLDING TAX</p>
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**Sections A & B below must be completed by all taxpayers**

**A. COMPANY DATA**

COMPANY NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_

TELEPHONE NO: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**B. CONTACT PERSON(S):**

**PRIMARY EFT CONTACT PERSON:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_

PHONE NO: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT. \_\_\_\_\_ FAX NO: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SECONDARY EFT CONTACT PERSON:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_

PHONE NO: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT. \_\_\_\_\_ FAX NO: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Partner or Officer of Corporation

\_\_\_\_\_  
Date

**CHOOSE ONLY ONE OF THE TWO PAYMENT OPTIONS BELOW**

**C. ACH DEBIT OPTION**

This section is to be completed **only** if you choose the **ACH DEBIT OPTION**.

**TWO DEBIT OPTIONS AVAILABLE:**

1. INTERNET FILING: Simply log onto [www.RI.GOV](http://www.RI.GOV) and click on the Business Taxes icon and enter your information under the **First Time User** section. This is the only EFT registration process that you need to do. Do **not** complete or remit this form to the RI Division of Taxation EFT Section.

2. TELEPHONE: Complete Section C and remit authorization agreement to the RI Division of Taxation EFT Section.

If ACH Debit is chosen, you authorize the Rhode Island Division of Taxation to present debit entries to your bank for the tax identified on the front. Only you can initiate a debit by initiating your payment on the internet at RI.GOV or calling the state's service bureau and indicating the amount of tax to be paid by electronic funds transfer.

**Enclose a copy of a voided check or have an AUTHORIZED REPRESENTATIVE of your bank complete and sign this section of the form.**

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_

BANK ACCOUNT #: \_\_\_\_\_ BANK ROUTING/TRANSIT NUMBER \_\_\_\_\_

[ ] CHECKING [ ] SAVINGS

\_\_\_\_\_  
Printed Name of Bank Representative

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Signature of Bank Representative

\_\_\_\_\_  
Date

**D. ACH CREDIT OPTION** ☐

This section is to be completed **only** if you choose the **ACH CREDIT OPTION**.

If you are already remitting using the ACH CREDIT method with the Federal Government or with other states, just check off the box above and return this form. If this is the first time that you will be using the ACH CREDIT method, you must have an AUTHORIZED REPRESENTATIVE of your bank complete and sign this section confirming that you and your bank are capable of initiating ACH CREDITS in the required CCD+ and TXP format.

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Bank Representative

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Signature of Bank Representative

\_\_\_\_\_  
Date

**This form must be completed and mailed to:**

**Electronic Funds Transfer Program  
Rhode Island Division of Taxation  
One Capitol Hill  
Providence, RI 02908-5800**

**Questions? Call (401) 222-6282 or (401) 222-6291**